

2006 CAMP REGISTRATION FORM

*Required information

One form per child. To ensure prompt registration for your child, fill out the form completely.
If information is missing, it may delay registration and the camp may fill.

FAMILY INFORMATION

☐ Resident ☐ Nonresident ☐ Nonresident/attends a Rockville School

*Home Phone _____

*Last Name _____ First Name _____ Date of Birth _____ Work Phone _____ M/F _____

(**Main Contact)

(Second Contact)

*Address:

New address? ☐ Y ☐ N Street _____ City _____ State & Zip _____

e-mail _____ *Emergency Contact & Phone _____ (Name Other than Parent) (Phone)

CAMPER INFORMATION

Last Name _____ First Name _____ Date of Birth _____ Grade _____ M/F _____

*

(**'05-'06 School Yr.)

Immunizations up-to-date? ☐ Y ☐ N

Special Needs Participant? Please contact our office at 240-314-8620 upon registration.

Camp#	Camp Name	Dates	Fee	Second Choice	Fee
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____
# _____	_____	_____	\$ _____	# _____	\$ _____

Youth Recreation Fund Contribution (see page 18): \$ _____

TOTAL DUE: \$ _____

Bus Stop: _____

(Bus transportation available only to those programs displaying this  symbol.)

PAYMENT METHOD: (check one)

☐ Credit Card (check type) ☐  ☐  Exp. Date: ____ / ____ / ____

Card # _____

Card Holder Name: _____


Signature: _____

☐ Cash (Walk-in only) ☐ Check enclosed \$ _____ # _____

☐ Gift Certificate \$ _____

FOUR EASY WAYS TO REGISTER!

 Most Convenient Method. Available 24 hours a day, 7 days a week! (C.C. Registrations Only)

1-Online: www.rockvillemd.gov and click on 
2-Fax: 240-314-8659

3-Mail to: Dept. of Recreation and Parks, Registration Desk, City of Rockville, 111 Maryland Ave., Rockville, MD 20850. Make check payable to: City of Rockville

4-Drop Off: at the Recreation Counter, located on the upper level of Rockville City Hall from 8:30 a.m. to 4:30 p.m., weekdays.

FOR OFFICE USE ONLY: ☐ Mail in ☐ Walk in ☐ Fax ☐ Drop off Processed by: _____ Date Processed: _____ Total Paid: _____

☐ Check ☐ Cash ☐ Charge ☐ Other _____

 **In Line & Skateboarding Camp only:**

☐ Skateboarder
☐ In Line Skater

